

TANZANIA HUMAN RESOURCE CAPACITY PROJECT

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QUARTERLY PROGRESS REPORT

October –December, 2010

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I. PROGRAM HIGHLIGHTS: OCTOBER—DECEMBER 2010

The pace of program implementation slowed somewhat early in the quarter due to the national elections held at the end of October, the electoral campaign in the months prior and a “settling” period during the first two weeks of November. Despite this situation, the project maintained its focus as indicated in the program highlights below. Of particular note, BMAF initiated its HRM training in the districts of Iringa, Mtwara and Lindi and PEPFAR’s SW Workforce Strengthening conference in South Africa provide a showcase for the program to develop a paraprofessional cadre of social workers. The section below highlights major project activities of this quarter within the HRH district strengthening, HRIS and MVC project management components.

Central and District HRH Strengthening and Development

- BMAF supported MOHSW to advertise, recruit and post health workers to the districts. The GoT President’s Office approved 7,471 employment permits for health workers for the 2010/11 fiscal year. By the end of December the MOHSW received 5000 applications and posted 4951 (99%) positions.
- BMAF finalized the HR Management training package and trained 148 district managers from Iringa, Mtwara and Lindi.
- BMAF finalized the MOHSW’s National Orientation Package providing guidance for new employees in the health sector.
- Eighteen students from Mtwara region have consistently attended the distant learning sessions for upgrading enrolled nurses to become registered nurses.
- AKF evaluated its Continuing Education Program for nurses in Iringa.

Establishing a Functional Comprehensive Human Resource Information System

- PMO-RALG signed a Memorandum of Understanding with IntraHealth.
- Following installation at the Iringa Municipal Council, new employees are directly posted in the HRIS as of June 2010.
- Generic public sector HRIS system finalized. The system can be accessed in English and Kiswahili using the following link: <http://www.thrp.udsm.ac.tz/manage>.
- The tool for collecting accurate HR data for updating the private sector HRIS finalized.
- CSSC negotiated an agreement with APHTA and BAKWATA to support HRIS implementation at their sites.

Development of a Cadre of Para-Social Workers

- IntraHealth staff prepared the Tanzania delegation for participation in PEPFAR’s Social Welfare Workforce Conference in Cape Town, South Africa.
- Through the combined efforts of the PSW partnership (IH, ISW, AIHA, and JACSW) 30 PSWs were accepted and received financial support to attend the newly developed one-year certificate course in social work.

- IntraHealth conducted PSW follow up training for 380 PSW and 56 PSW Supervisors from Mwanza City, Magu and Kwimba districts. Participants qualified as full PSWs upon successfully completing the refresher training.
- Revision of PSW M&E training materials and tools finalized. IntraHealth oriented PSWs from Mwanza City, Magu and Kwimba on revised M&E tools during PSW refresher training.
- Conducted follow up visits in Mwanza City and Sengerema district to review local government support for MVCs and for PSW trainees in the districts.

Capacity Building

- IntraHealth conducted a Management Review of the four local organizations upon completion of the first year of their subawards with IntraHealth.
- An international management consultant worked intensely with BMAF to comprehensively review its leadership, management systems and structure and make recommendations in anticipation of considerable growth and surge in funding from the Global Fund.
- IntraHealth supported the initial stages of a staff rationalization activity with BMAF to provide a framework and guidance for a revised organizational structure and staffing profile.

II. INTRODUCTION

The Tanzania Human Resource Capacity Project (THRP) is a four-year project funded by the U.S. Agency for International Development (USAID). The project supports government efforts to address the challenges that Tanzania faces in developing an adequate health and social welfare workforce that comprises a complex system of public and private professional and paraprofessional cadres and those in the non-formal sector

The project strategic objectives are:

- To assist the MOHSW and PMORALG in the implementation of the human resource for health (HRH) strategy and the human resource components of the Health Sector Strategic Plan (HSSP) III, as requested by the MOHSW.
- To strengthen the capacity of the national and local government authorities to predict, plan for, and recruit the health and social welfare workforce.
- To improve the deployment, utilization, management, and retention of the health and social welfare workforce; and
- To increase the productivity of the health and social welfare workforce.

THRCP implementing partners

IntraHealth International (prime partner),
 Benjamin Mkapa AIDS Foundation (BMAF)
 Christian Social Services Commission (CSSC)
 University of Dar es Salaam (UDSM)
 Agakhan Foundation (AKF)
 Management Sciences for Health (MSH)
 Training Resources Group (TRG)
 Inter-church Medical Association (IMA)

The project strategy focuses on:

- supporting the MOHSW to implement the HRH strategic plan;
- development of a comprehensive HRH strengthening program that will provide district managers with the needed tools and competencies to identify and tackle their own HRH problems;
- establishing a comprehensive HRIS system to provide routine HR data of health workers for decision makers in the public and private sectors; and
- building capacity of the social welfare workforce on provision of quality health care services to address the need of MVCs.

The following quarterly report is organized by project strategic objective as identified in the original application document with each of the project components presented accordingly; each component contributes to each strategic objective. THRP has four project components: 1) Support to national government; 2) District HRH strengthening and development; 3) Establishing a functional comprehensive HRIS; and 4) Development of a cadre of Para-social Workers to address the needs of MVCs. Starting this quarter, the challenges, opportunities and the way forward are now discussed by objective in Section III below.

This report also includes an update on the capacity building activities with key local organizations and sections on monitoring and evaluation activities and program management.

III. QUARTERLY ACTIVITIES: BY STRATEGIC OBJECTIVE

Objective 1: Assist the MOHSW and PMORALG to orchestrate the implementation of the HRH strategy and the HR components of the HSSP III, as requested by the MOHSW or PMORALG (A)

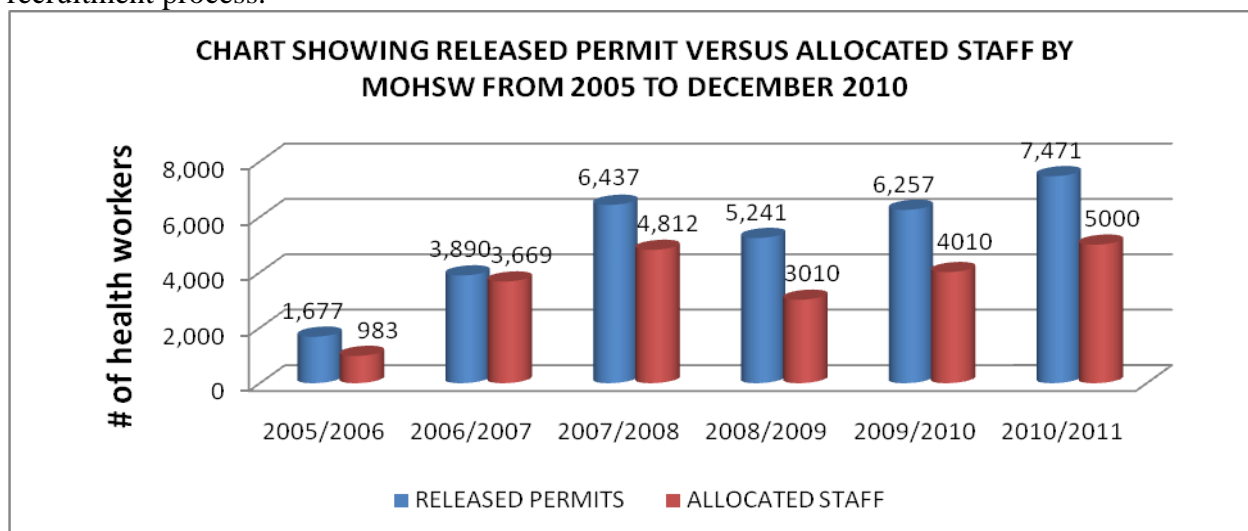
A.1. Support to National Level Government in HRH

During the quarter, the program primarily undertook central level activities as district activities across all program components were curtailed due to the electoral campaign several months prior to the elections at the end of October.

A continued challenge has been to find ways to support the Human Resources Department (HRD) of the MOHSW, particularly support to the national HR Technical Working Group which to date is not fully functional. By the end of the quarter, however, several promising opportunities came about. In December, the MOHSW requested USG support for two consultants seconded to the ministry to continue their senior level technical assistance. Additionally, the focus and level of effort applied to the successful Health Sector Reform Task force will shift to coordinate efforts to plan and implement the Round 9 (HSS and HRH) Global Fund program, a program which falls within the HRD portfolio. Other activities for which BMAF is taking the lead:

Support for MOHSW annual recruitment of health care workers. BMAF facilitated MOHSW efforts to fast track the recruitment process for new health workers during the 2010/11 fiscal year. The government has approved 7,471 health worker positions for the year, a 19% increase from the previous year. BMAF advertised for new recruits through advertisements through television and radio with an emphasis on coverage outside of the Dar es Salaam. The MOHSW received 5000 applications by the end of December 2010 and had posted 4951 (99%) of the applicants who met the qualifications. The process will continue through June 2011. At that time the MOHSW will report the final status of posted position versus released work permits.

Preliminary analysis indicates that more healthcare workers have been posted within a shorter period of time since the THRP initiated its support to the MOHSW to improve the centralized recruitment process.



BMAF is supporting efforts to track the posted health staff through the Zone Health Resource Centres (ZHRC). Next quarter, each ZHRC will provide the status of posted staff in their zones.

Revising the national staffing norms. The THRP project through BMAF has initiated assistance to MOHSW to fully revise the 1999 staffing level guideline for the health sector. The effort supports the MOHSW to meet one milestone set during the 2009 Joint Annual Health Sector Review. There is a strong need to revise the staffing guidance as much has changed in the past decade and the HRH situation has become critical, including:

- Outdated staffing norms limit district and regional ability to justify their workforce requirements for an expanded number of positions to the President's Office for Public Service Management (POPSM);
- Increased number of primary health facilities without appropriate staff complement;
- Revised policies and work standards;
- Emergence of new diseases (particularly HIV/AIDS) and health conditions, the increased burden of these diseases on the need for appropriate skills mix;
- Expanded package of essential health services at lower level health facilities;
- Increased availability of new technology and equipment creating demand for different staff cadres within facilities;
- Revised roles and responsibilities of the Zonal Training Centres;
- Revised curricula and introduction of new teaching methodologies with emphasis on competencies at health training institutions ;

- The need for health training institutions to comply with National Accreditation Council for Technical Education (NACTE) requirements.

BMAF has engaged a consultant to work directly with the HRD of the MOHSW. During the quarter the consultant reviewed the current staffing level document, conducted a literature review and facilitated final determination of the approach to be used to for collecting, analyzing and field testing the necessary data. The revised staffing document is scheduled to be released by March 2011.

HRH advocacy through local media. BMAF continued disseminating HRH information through local newspapers and television stations. During the quarter, articles on HRH appeared in Kiswahili-language media: Mtanzania, Nipashe, Mwananchi and the East African newspapers. HRH issues were discussed on StarTV and Channel Ten.

Printed and distributed National HRH Strategic Plan. BMAF printed and distributed 600 copies of the National HRH Strategic Plan (2008 – 2013) to district managers from Mtwara, Lindi and Iringa as part of HRM training (discussed below). The purpose is to increase awareness of the high priority that HRH has for the government and strengthen understanding of the HR addressed in the document.

A.2. Establishing a Functional Comprehensive Human Resource Information System

During this reporting period the national level HRIS work (THRP Objective One) focused on negotiating and signing an MOU with PMORALG for rolling out the HRIS nationally. The THRP also finalized the generic HRIS system for PMO-RALG so that it can be used (and adapted) by any partner as well as used across all sectors beyond health. The major challenge during the quarter continues to be the dynamic of three parallel HR information system development initiatives, each affiliated with a different GoT ministry, and designed to collect HR data from the LGAs. A related challenge is the limited availability of IT staff in both the public and private sector to support the national rollout out of the HRIS. IntraHealth will continue to work together with PMO-RALG and the LGAs and the private FBO sector to identify HRIS connectivity and computing infrastructure, build capacity to manage any HRIS system and strengthen data entry and use challenges observed during the quarter.

MOU with PMORALG signed. By the end of quarter, IntraHealth and PMORALG had signed an MOU officially authorizing the roll out of the HRIS nationally. The signing of MOU followed review of the User Acceptance Agreement stating the minimum requirements (functional and system requirements) from the PMO-RALG, HRIS system

Coordination with MOHSW HRHIS and with POPSM HCMIS

- *The MOHSW has informally asked the THRP could contribute to MOHSW efforts rollout of the JICA-supported HRHIS. The MOHSW team has identified the need to strengthen the collection of accurate HR data at district level, and reinforce its use for analysis for planning and decision making.*
- *POPSM has expressed interest in strengthening its HURRIS database (which is designed to feed district staff information into the central HCMIS) consistent with the HRIS structure.*

The THRP is poised to undertake a both efforts upon formal request for each ministry as they will provide opportunities to minimize duplication of LGA reporting effort and strengthen efforts to focus on one accurate data HR data set.

demonstration, and HRIS system testing in the field by PMO-RALG IT and HR Officers. The review showed that the current HRIS system is able to capture 90% of the PMO-RALG HR system requirements.

HRIS generic system development. UDSM has managed to customize almost of all the district-level requirements identified during the needs assessment conducted with stakeholders in Makete district. This quarter, the team focused on customizing the system with the remaining requirements identified from the Staff Establishment (IKAMA) and TANGE reports. For example, several data variables were renamed consistent with common usage and others added such as a field for noting disciplinary actions taken. The system can now be accessed in English and Kiswahili using the following link: <http://www.thrp.udsm.ac.tz/manage>.

Workshop on use of private sector HRIS. CSSC conducted a workshop on the use of HRIS tools for 17 stakeholders from CSSC, TEC, BAKWATA, UDSM, and APHFTA. The workshop focus was to find solutions to barriers identified during initial implementation of the HRIS and plan continued rollout. Recommendations from stakeholders included:

- Improving data collection through developing a pool of resource staff within CSSC's zonal offices to support HRIS system and users;
- Improving the computers and network connectivity necessary to support an HRIS
- Sensitize BAKWATA and APHFTA on the realities of HRIS implementation; and
- Include key facility members of BAKWATA and APHFTA as part of initial HRIS rollout (rather than just the organizational offices) to enhance collaboration among different HRIS stakeholders within the organizations.

Increasing a pool of local HRIS experts. IntraHealth, through the THRP and CapacityPlus project, and UDSM have initiated an exciting discussion with the University of Dodoma Department Of Informatics Management. The University of Dodoma is interested in a collaboration that will develop a cadre of students knowledgeable of and skilled in the management of an HRIS through the development of a HRIS Administrators Certification course. The collaboration would expand the number of informatics professionals who know HRIS in addition to those trained through the Computer Sciences Department at UDSM. Next quarter IntraHealth will determine the type of resources necessary and discuss the Terms of Reference to formalize the collaboration.

A.3. Development of a Cadre of Para Social Workers

Increasingly the THRP is engaging in national level discussion to strengthen the social welfare workforce building on initiatives to increase preservice education opportunities, and to strengthen the systems for registration and licensure and government support of its social workers. Priority activities for THRP engagement include the development of a standardized curriculum and program approach for developing and supporting a cadre of Para-social workers and providing the technical assistance to the development of a national HR for social work strategy.

Social Welfare Workforce Strengthening Conference. IntraHealth staff actively engaged with USAID to develop and prepare the Tanzanian delegation to the PEPFAR-sponsored conference in Cape Town, South Africa: Social Welfare Workforce Strengthening Conference: Investing in those who care for children. The conference focused on strategies to strengthen the social welfare workforce in Africa with the purpose to improve social welfare systems and ultimately the well-

being and welfare of children orphaned and made vulnerable by HIV/AIDS. Its purpose was to explore a range of strategies for planning, developing and supporting the workforce using models for human and institutional capacity development.

The conference highlighted Tanzania's program to develop a cadre of volunteer PSW and other policy and training initiatives to build the country's social welfare workforce. THRP supported two representatives on the delegation including Ms. Hellen Macha from PMO-RALG both of whom presented. Ms. Macha also participated as the government representative on a panel discussion on stakeholders essential for SW workforce strategies to be successful. Conference presentations and Country Action Plans are available for download from www.OVCsupport.net. The delegation identified two priority challenges to strengthening the social welfare workforce in Tanzania: limited number of qualified social welfare workers at the LGA level and the lack of a national social welfare workforce strategy.

Immediately following the conference the delegation shared lessons learned with the MOHSW, and the Development Partners Group as well as the MVC Implementing Partners Group and explored the possibility of consultative meetings with PMO-RALG and POPSM. A Task Force was formed and met twice to engage with the Social Welfare/Social Protection Technical Working Group and move forward on the priority action plans developed.

Objective 2: Strengthen the capacity of the national and local government authorities to predict, plan for and recruit the health and social welfare workforce (B)

B.1. District HRH Strengthening and Development

The major focus for the quarter was to rollout the initial HRM district strengthening activities in 20 districts of Iringa, Mtwara and Lindi. Originally planned for September, the district activities were postponed due to the election campaign.

District HRM trainings. BMAF trained 148 district managers (46 from Mtwara, 44 from Lindi and 58 from Iringa) in Human Resource Management. The training was designed to build the capacity of district officials using the revised HRM training package developed in the previous six months by BMAF with technical assistance from MSH and TRG. The facilitators for the training were drawn from a pool of developed trainers also known as *Local Human Resource Experts* from the district offices, Zonal Training Centers and Regional Medical Office. The group of experts were identified and participated in a TOT in August 2010. As these HRM training events were the first district training the local experts facilitated, they were supported and coached by expert THRP trainers and MSH consultants.

The HRM package includes modules focusing on:

- The HRH Action Framework (HAF) and ways in which it can serve as a comprehensive tool to analyze and address HRH challenges;
- What is meant by an HRM system and why it is important to think about HRM in systems terms;
- Workforce planning approaches and the tools available for workforce planning at district level;

- Components of an effective recruitment process and the key bottlenecks to effective recruitment in Tanzania;
- The importance of orientation and necessary arrangements before and after arrival of new staff;
- Key performance management factors, the OPRAS system and how to use it to most effect in managing performance in the districts;
- The importance of professional development to both health workers and to health facilities and the MOHSW Professional Development Policy
- Factors and practices that contribute to positive work climate and the link between work climate and staff motivation, retention and job performance; and
- The retention challenge in Tanzania in the district setting and factors and practices that improve health worker retention.

BMAF has identified numerous opportunities that bode well for district engagement in HRM

- *The current policy environment favors project interventions on HRH issues;*
- *Build on existing collaboration with other health partners at the central and district level;*
- *Take advantage of health professional associations to support implementation of HRH activities at the districts;*
- *Work with Zonal Resource Centers to support HRH capacity building activities at the districts;*

The HRM training also provided an opportunity to demonstrate the national HRIS installed (in the case of Iringa) or to be installed (in the case of Mtwara and Lindi) at the LGA to foster linkages across key HR initiatives happening at district level. The pre- and post-test results showed that CHMT understood the HRM concepts. Each district council developed a HRM Operational Plan including a cost analysis to be incorporated into the main CCHP. BMAF compiled a training report for each regional event and plans to hold a stakeholder meeting to discuss important issues raised during the training. The team is also developing a mentoring and coaching package to guide the followup visits with the districts during the next quarter. During subsequent followup, in addition to mentoring and problem-solving, the teams will monitor the status of the developed HRM plans and activities and whether included in the CCHP budget and implemented as planned.

HRM Baseline Assessment. The BMAF consultant has revised HRM baseline assessment report incorporating comments provided by IntraHealth. The document will be finalized next quarter.

Recruitment Bottleneck Update. BMAF has a final version of the In-depth Analysis of Recruitment Bottlenecks which is in final stages of approval. The report has been translated into Kiswahili.

B.2. Establishing a Functional Comprehensive Human Resource Information System

As the number of districts with HRIS installed grows, THRP is capturing the lessons learned from the rollout. It is confronting numerous challenges and taking advantage of the opportunities to continue implementing an HRIS that meet district level needs for accurate data. In sum:

Challenges	Opportunities
<ul style="list-style-type: none"> • Poor data quality entered in HRIS system • Insufficient computing infrastructure at district level or at CSSC zonal offices • Inadequate number of data entry personnel • Poor system for updating information once collected data • Limited use of HRIS data for decision making • Delay in CSSC agreement with BAKWATA and APHFTA for HRIS implementation • Delays in procurement of HRIS equipment 	<ul style="list-style-type: none"> • As the number of districts with installed increases LGA interest is growing; • Build capacity within PMO-RALG for HRIS support at district level; • Strengthen yet reserve UDSM capacity to provide higher level of technical support; • Increase number of competent users of HRIS; • Equip data entry clerk with additional skills, provide time frame for the data to be used by facility managers • Followup with CSSC zonal offices to assess progress in data entry and use for decision making • Strengthen collaboration among CSSC, BAKWATA and APHFTA • CSSC to recruit IT technicians

IHRIS implementation in Zanzibar. UDSM continues to support Zanzibar in further HRIS system development/customization, data importation and customization of reports to meet HR reporting needs of HRIS users. There is still considerable work to be done in strengthening the accuracy of the data entering into the system. DANIDA is supporting a number of initiatives to maintain HRIS continuity and strengthen the accuracy and quantity of district data entry through phone contact to facilitate questions, discussion with support personnel in Stonetown, and supervision visits to the field. A UDSM technical assistance visit in December assisted the MOHSW and district personnel in reviewing and cleaning HR data that will feed into the development of Zanzibar's health sector plan and the translation and subsequent operational plans to be developed in early 2011.

HRIS implementation in the LGAs. UDSM in collaboration with PMORALG successfully deployed seven HRIS sites (Kondoa, Makete, Iringa, Ludewa, and Njombe LGAs and Mikocheni Hospital) to date. The systems were subsequently demonstrated during the HRM district strengthening by the local PMORALG IT officers working in Iringa and Mtwara, with support

Success!

Staff at the Iringa Municipal Council are posting new employees directly into the HRIS as of June 2010.

from UDSM, creating local ownership of the process. Observations from district managers for improving the HRIS system include: All LGAs should have IT personnel to manage the HRIS system; need to ensure the protection of confidential data stored within the system; and share successes.

HRIS implementation in the Private Sector. This quarter HRIS implementation in private sector focused on entering data in HRIS system at zonal level, revising HR data collection tool for facilities and developing a roadmap with BAKWATA and APHTA (HQ level) on HRIS implementation in their sites.

HRIS data entry progress. All five CSSC zones continued to update data in the system. Majority of the zones have updated more than 50% of the health worker data under their zones as indicated in figure below. Next quarter, CSSC will assist the zones to clean data and build the capacity of staff on using the data for decision making.

Review of HR data collection tool at facility Level. CSSC conducted a workshop in Dodoma to review a tool to collect HR data in the field. CSSC has encountered a number of challenges to collect HR data collection from faith-based facility members. The review process involved providing clear definition of the data fields in the tool and rearranging the flow of data. It was agreed that CSSC would orient the data entry clerk on the revised tool while the zonal staff should conduct regular follow up visits to support the data collection and updating process at health facility. CSSC plans to train these zonal focal staff in addition to a representative from the hospital management team. CSSC will continue to customize the system with revised elements by the end of January 2011. The goal is to have all hospital data entered into the system and ready for use by April 2011.

IHRIS implementation at BAKWATA & APHFTA Sites: CSSC continues to negotiate with APHFTA and BAKWATA on HRIS implementation. An agreement with APHFTA has been reached; the HRIS assessment process and initial activities will start next quarter. An agreement between BAKWATA and CSSC is stalled pending discussion of how funds will flow and be accounted for. An agreement will be reached next quarter.

Objective 3: Improve the deployment, utilization, management, and retention of the health and social welfare workforce (C)

C.1. District HRH Strengthening and Development

Finalized National Orientation Package. BMAF has finalized a national orientation package with inputs from POPSM, PMORALG, IntraHealth and MOHSW. The document is now formatted consistent with government requirements and will be submitted to MOHSW for final approval and signature next quarter.

OPRAS assessment update. A second round of comments on the draft report has been submitted to the BMAF consultant for final revision. The report will be finalized and submitted to the MOHSW Permanent Secretary for signature next quarter.

Incentive package for Health Workers. BMAF will not undertake a field-based assessment on incentive activities in Tanzania as previously planned. Rather, a consultant will undertake a literature review of studies done in Tanzania and other countries and synthesize the findings. During the first six months of 2011 BMAF will define and propose a standard incentive which can be adapted by the district level.

Continuing Education Program (CEP) for nurses. The AKHS continued its efforts to establish a continuing education program for nurses in Iringa as one strategy to encourage nurses, particularly enrolled nurses to remain at post. This quarter AKHS conducted monitoring visits in Iringa to assess program achievements. AKHS visited four health facilities (one hospital, three health centers and one dispensary) randomly selected by the nursing unit of the Regional Health Team. The team interviewed 38 nurses who attended CEP training (22 enrolled and 16 registered nurses).

Key findings were:

- Topics used during the training were all relevant to nurses, however, 24% of the nurses indicated additional topics relevant to their work in which they did not receive training, whilst 13% were trained on topics not relevant to their work. This shows the need for an intensive training needs assessment of nurses to ensure relevance of topics to their needs and work.
- The positive response and level of interest shown by nurses indicate the importance and significance of this training to their professional development, career and retention.
- Nurses seem to have a good understanding of their roles and responsibilities related to the training and have improved team work in health facilities.
- Sixty-five percent of nurses interviewed reported the training had motivated them. Although nurses felt it contributed to retention in the region, there is need to follow-up the relationship between retention and the project.
- All health facilities in Iringa have some limitations in health infrastructure and equipment to facilitate provision of quality nursing care. One recommendation for the focus of the next training is key areas to improve the quality of services, such as infection prevention and control at all facilities.
- The duration of the training courses should be increased to enable facilitators to cover detailed aspects of the topics in theory, practical demonstrations, and visits to some facilities.
- A Patient satisfaction survey is recommended as a measure to determine the views of patients on a regular basis at all health facilities in Iringa.

The findings and recommendations from stakeholders will be used to improve the training curriculum and course. To address the recommendation from stakeholders, AKH is developing two separate curriculums for nurse attendants and Registered/Enrolled nurses.

Upgrading enrolled nurses to registered nurses in Masasi district. The project continued to fund the training for 19 enrolled nurses to become registered nurses, however, one student died of natural causes on November 2010 leaving the program with 18 students. During the final semester, two face to face sessions were held at Mtwara COTC to complete the remaining modules. The students also prepared research proposals, collected data and wrote final reports. Eighteen students took the final examination of the four modules namely: Introduction to Management and Leadership (results: six students (33%) passed and 12 students failed); Community Health (results: 14 students passed (78%) and four students failed); Introduction to Research (results: 13 students passed (72%) and five students failed); and, Introduction to Biostatistics (results: all students passed (100%)). As many students have to retake the examinations, AKU is facilitating remedial classes; students are expected to sit for the supplementary examinations in January 2011. The University graduation for successful students is scheduled to take place on 9th February 2011.

AKU is in the process of recruiting students for 2011 intake planning to enroll 20 students. Unfortunately out of 46 applications only nine applicants met the admission criteria so far. Some applicants had low scores in the Form IV examination and are retaking it. To address the challenges of recruiting new candidates for the next program intake, AKU has chosen to delay start of the next intake to March giving an opportunity for students who are awaiting results of Form IV examinations to be released in February. AKU also plans to pursue a strategy of an enrichment program. This will allow O level students that are interested in the EN-RN upgrade program, but do not meet the entry requirements to improve their Form IV grades. AKU prepared a concept paper for consideration by IntraHealth. The Chief Nursing Officer supports the initiative in recognition that the poor quality of Form IV leavers is frequently due the poor quality or lack of teachers in schools.

C.2. Development of a Cadre of Para-social Workers (PSW)

PSW partnership and advocacy. The IntraHealth—ISW team strategized on how to identify the Para-social Workers trained in Iringa by ISW in 2008. In addition, the team agreed on minor revisions to the curriculum to reflect the recommendations from participants. It was agreed that some of the topics covered in PSW follow up training to be moved to PSW initial training because the topics basic skills and knowledge to PSW for initial intervention to the community. Furthermore, ISW was advised to include a session on advocacy since this is one of the key responsibilities of the Para-social Worker.

***Success!** Through their combined efforts, the PSW partnership (IH, ISW, AIHA, JACSW) have managed to secure support for 30 PSW who applied for the one-year certificate course. Upon completion of the course, they will be eligible to apply for a SW Assistant position in LGAs.*

This is a significant achievement in developing a cadre of SWA and motivates PSWs to continue with voluntarism work.

The THRP is urging the DSW, with FHI support, to develop national guidelines for standard high-quality PSW training. The PSW partnership will provide technical support to the new OVC implementing partners funded through USAID to ensure the PSW trainings are conducted according to the established program approach. Discussions are underway with AfriCare and PACT. Additionally, CRS has contacted IntraHealth to discuss potential collaboration as the organization is starting economic strengthening activity for MVC households in Dodoma. To date, PSWs have provided support to CRS staff during their baseline assessment.

Para-social Worker refresher training. For PSW trainees to become a full fledged Para-social Worker they attend a five-day follow up or refresher training, and for PSW supervisors an additional day of supervisory skills. This quarter, the THRP and its partners conducted a follow up training to 380 PSW (185 – Mwanza city, 195- Magu na Kwimba) and 56 PSW Supervisors (22 – Mwanza city, 34 Magu na Kwimba). Apart from imparting new knowledge to PSWs, the sessions include opportunities to share field experience and advise each other.

Advocacy for LGA to support MVC and Para-social Workers. The MVC program intensified its advocacy activities in LGAs with the establishment of an advocacy team at each LGA supported by program. Thirteen teams have been formed in each of the LGAs in Mwanza and Dodoma. Each advocacy team consists of six members including the district social welfare officer, Regional Social Welfare officer and a member of the local NGOs (MVC implementing partner). Including the numerous district MVC stakeholders increases the advocacy opportunities

for MVC support. IntraHealth trained 69 team members from Mwanza and Dodoma in relevant MVC issues, the importance of advocacy, advocacy strategy development and facilitation skills. Following the training, each district advocacy team developed a plan and matrix for measuring progress in achieving expected advocacy results.

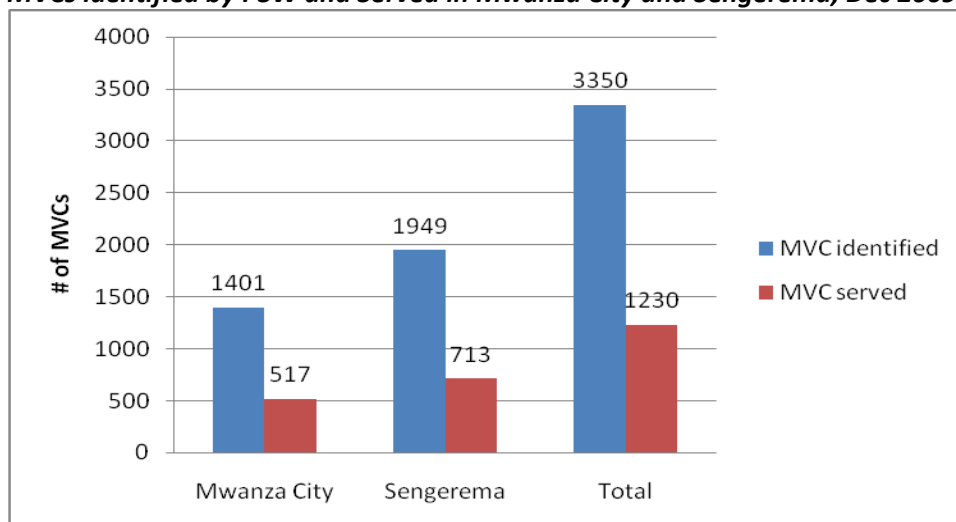
The teams started to implement their plans, with THRP support, as soon as November. In Ukerewe District, for example, the Finance Committee officially introduced a district fund for MVCs acknowledging that different approaches will be used to raise funds for supporting MVC. The advocacy team in Geita district visited two wards and facilitated the initiation of village MVCs Funds and committees to manage them. The Adilisha NGO in Mwanza has promised to support PSW to establish a branch of the Para-social Worker Network (PASONET) in Mwanza.

Follow up to Mwanza City and Sengerema Districts. IntraHealth and ISW conducted follow up visit in Mwanza city and Sengerema district to assess progress of PSW in providing services to MVC. Followup visits focus on understanding the range of services provided by PSWs and work with the PSWs to problem solve on a variety of situations. It was also the opportunity to pre-test a new PSW follow-up tool. The IH-ISW team visited 74 PSWs; 47(64%) were male and 27 (36%) PSWs were female. The follow up findings showed:

KEY FINDINGS:

- 1230 out of 3350 (37%) of the MVC identified by PSW have been served as indicated in the figure below

MVCs identified by PSW and Served in Mwanza City and Sengerema, Dec 2009-Nov 2010



- Overall, PSW receiving limited resources for supporting MVCs from stakeholders. Fifty percent of PSWs from both districts reported receiving some education support for MVCs from stakeholders. Very few PSW reported receiving resources to provide other services to MVC such as food, health or housing support.
- More than 70% of PSW reported having adequate knowledgeable to support single orphans and family members, however, they need more to support MVCs with special needs. In addition, forty percent (40%) of PSW said they need more knowledge, skills and experience to support double orphans and MVC who are HIV positive.

- Majority of PSW (95%) said they meet with their supervisors for support. Forty five percent of PSW said they meet with their supervisors on monthly basis while 22% of PSW said they meet their supervisors on regular basis. Majority of PSW said they receive support from their supervisors in MVC identification, assignments, problem solving and completing the tools.
- More than half of PSW interviewed said they are not using ECOMAP and Psychosocial Assessment tool for assessing resources and psychosocial needs of their clients because it is time consuming to complete these tools for each client. In addition, they don't have resources to purchase notebooks for recording the assessment results.

Objective 4: Increase Productivity of the health and social welfare workforce (D)

D.1. District HRH Strengthening and Support

Finalizing national supportive supervision tool: BMAF in collaboration with MOHSW is revising the national supporting supervision tool (HRH component) by incorporating the inputs from key HRH stakeholders. The tool will be finalized and submitted to the MOHSW for the signature by the Permanent Secretary. Upon approval by the PS, the tool will be rolled out throughout the country as the guideline for supportive supervision process.

IV. ORGANIZATIONAL DEVELOPMENT AND CAPACITY BUILDING

Management Reviews. IntraHealth conducted a management review with each of the four local THRP partners at the end of the first year of the subagreement. The purpose was to review partner performance and compliance to the terms and agreements stipulated in the subaward and to USAID federal rules and regulations. IntraHealth contracts and financial staff met with BMAF and CSSC over two days, one day to identify challenges, if any, and a second day to identify recommendations and timelines. The findings with BMAF were also forwarded as part of the organizational review that took place immediately following. IntraHealth met with UDSM/CSD and AKF each for one day and presented recommendations and proposed timelines by followup e-mail. Every organization had its unique challenges but all committed to strengthening financial management processes including the timeliness and accuracy of monthly invoices and expenditure projections. The THRP will support partner staff members to attend the next USAID rules and regulations training. Individual management reviews and followup plans are available upon request.

BMAF: Organizational Review and staff rationalization project. In anticipation of a large amount of Global Funds funding and vast program activities to be implemented (from March 2011) BMAF and key development partners are anxious to see the organization scale up to meet implementation requirements. To this end IntraHealth supported two management consultancies to assist BMAF in the process of planning and managing tremendous organizational growth.

An international consultant conducted a comprehensive review of BMAF to identify the priority capacity building and actions required for scaling up organizational efforts. One result was the preparation of an Organizational Plan of priority actions for 2011. Two staff teams addressed the

priority programmatic and services (or support) items each preparing short term action plans for several of the goals identified in the Organizational Plan. Specific action plans for the remaining goals were to be developed before the end of 2010. The implementation of these plans will require an enhanced staff complement and skill mix. In conjunction with the organizational review IntraHealth supported a second consultant to review the organization's structure and staffing profile. The consultant proposed an expanded staff structure, identified new positions, and recommended the redeployment of several key individuals. Staff recruitment for priority positions will start in the next quarter.

V. MONITORING AND EVALUATION

Many monitoring activities have been discussed above as they relate to specific program implementation including MVC follow up visits in Mwanza City and Sengerema, process evaluation of Continued Professional Education (CPE) by AKH, and THRP partner's progress review and planning meeting (discussed below). In addition:

TOT training on PSW data collection tool. IntraHealth trained the ISW trainers on M&E to improve quality of data reported by PSW in preparation of the expanded Para-social Worker training curriculum. PSWs who attended PSW II trainings in Mwanza City, Kwimba and Magu received special support in M&E and the revised data collection tools.

Building Capacity in M&E. M&E Advisor, Dr. Katia Peterson, facilitated an M&E workshop for THRP partner staff to build capacity in the design and implementation of M&E activities and assessments. The workshop discussed issues around indicators (operationalization of indicators, setting indicators targets and indicator matrix); qualitative and quantitative data collection methods; the importance of literature review; evaluation design, data analysis and report writing; ethics and human research protection; and supportive supervision. The workshop included sessions on the HRIS and the TrainSMART database and tools which partners will use to track all THRP inservice training activities. The workshop was well received; the evaluation indicated that participants grasped many of the concepts despite moderate pre- and post-test scores which rose from 47% to 64% respectively. Overall participants have a poor understanding of ethics issues: IntraHealth has advised all assessments to be conducted by THRP partners and their consultants to be reviewed by IntraHealth home office for an initial ethical review.

Indicator Determination for Office of Health. In close consultation with USAID, the THRP indentified an indicator, to be included in the T-MEMS database that would be a proxy capturing the project work at district level to improve the HRH situation. THRP determined: *The percentage of job positions that are vacant in public sector health facilities in 53 districts.* The indicator is formally defined as the number of unfilled positions (numerator) divided by the number of staff required (denominator) multiplied by 100. With information from the National HRH Strategic Plan (2006) as baseline, the THRP has proposed the following progress:

2011	60%
2012	55%
2013	50%

BMAF will collect data on an annual basis from the annual CCHPs and summarize for each of the h 53 specific districts in THRP is working

Performance Indicators: A summary of project results against its quantitative targets can be found in Table 2 below. The project reached 27% percent of its target for in-service training across all project components this quarter. More capacity building activities have been planned for next quarter.

Table 2: Performance – PEPFAR Indicators and Results, October 2010 – December 2010

≠	Indicator	Program Area	Partner	PEPFAR Targets (Oct 10 -Sept 11)	Achievements (Oct -Dec 10)	Achievements (Jan -Mar 11)	Achievements (Apr -June 11)	Total (Jul –Sep 11)	% Achieved (Oct 10 –Sep11)
H2.2. D	Number of community health and Para-social workers who successfully completed a pre-service training program.	MVC	PSW	1000	0				0%
			PSW Supervisors*	201	0				0%
H2.3. D	Number of health care workers who successfully completed an in-service training program within the reporting period	MVC	PSW	800	380				48%
			PSW Supervisors*		56				
		HRH -CED	AKH	170	0				0%
		HRH - Districts	BMAF	1180	148				13%
		HRH	CSSC		0				0%
		HRIS			0				0%
		HRIS-Districts	UDSM	264	0				0%
		M&E	M&E – IntraHealth	15	15				100%
Total number of individuals participating in in-service training supported by THRP project				2150	584				27%

* PSW Supervisors also attended PSW training

VI. PROGRAM MANAGEMENT

Subagreements with Local Partners. IntraHealth extended all subagreements with local partners and with the international resource organizations only on a month-to-month basis during the quarter. Due to the delay in incremental project funds from USAID, IntraHealth was unable to commit to subagreement renewals for a full 12 months of activities. At the start of the quarter all partners operated from remaining obligated funding. By December only two partners had funds remaining and MSH stopped activity support. IntraHealth will revisit the situation early in the next quarter with the intent to maintain the pace of project implementation.

Collaborative Meetings. Members of the THRP consortia, particularly staff from IntraHealth, BMAF and CSSC are frequently called upon for general information, to provide guidance on overarching HRH issues, or discuss opportunities for collaboration. The following table indicates the meetings, conferences and workshops (beyond those of THRP program management) in which THRP members have participated with other implementing partners or interested organizations.

Table 2: Informational and advisory meetings in which THRP partner staff participated

Date	Designation/Visitor	Purpose
11 Oct	Donata Riva, Country Manager Rossana Urso, Project Assistant CUAMM	To explore identify complimentary HR activities in Iringa, particularly Ludewa district, and avoid duplication of effort. The effort to establish an HRIS at the Ludewa LGA was potentially an overlap in activities. CUAMM will not pursue this with their new funding.
12 Oct	USAID MVC Implementing partners meeting	To introduce PEPFAR priorities for MVC program in Tanzania
13 Oct	Martin Bevelet, Consultant	To meet with IntraHealth as a donor agency with CSSC and contributing to bulding the organization's capacity. Part of an evaluation of general program support to CSSC.
18-22 Oct	Rebecca Kohler, VP Strategic Development and Communication	Meetings with local organizations, GOT and international NGOs to explore potential for local program ownership and organizational sustainability
5 Nov	USAID Team Leaders for the Offices of Health and HIV and AIDS	THRP Project Briefing
5 Nov	Dr. Sam Ogillo, APHFTA	To explore potential for collaboration, areas of mutual interest
24 Nov	USAID and implementing partners who provide specialized technical support to PEPFAR OVC program	To explore areas for coordination and support to the DSW and/or MVC service delivery implementing partners

16 Dec	MOHSW, CMO and HRD leadership; select development partners	MOHSW request to review USG programs and activities in support of the national HRH strategic plan that compliment or potentially duplication Round 9 Global Fund program plans
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Project staffing:

- By the end of the quarter, IntraHealth was in negotiations with a candidate for a HRIS Advisor to be seconded to the Department of Communications and Information Technology of PMO-RALG.
- Just prior to the holidays in December two members of the MVC program team gave notice. The MVC Program Manager agreed to delay his departure until the second week of January to assist with a smooth transition of responsibilities among the team.

Project financial status. By the end of December 2010, the project had essentially expended all available obligated funding and was operating on limited funding forwarded through internal actions within IntraHealth International. IntraHealth submitted the formal request to USAID for additional funding in early October. As reported last quarter USAID had indicated its intent to obligate FY10 funds in December which would have allowed no disruption of program implementation. However by the end of the year the mission had not received Partnership Framework funds and indicated funding would be obligated in January. By the time of this writing, USAID had sent IntraHealth the modification letter obligating the next tranche of funds however funds had yet to be deposited in IntraHealth's letter of credit.

Table 3: Financial Status of the Tanzania Human Resources Capacity Project

Total obligations through 30 September 2010:	\$ 7,463,259
Expenditures through prior quarter (through September 2010)	\$5,732,564
Expenditures this quarter (October—December 2010)	\$1,454,947
Total Expenditures through 31 December 2010 (expenditures started 1 May 2009)	\$7,187,511
Pipeline as of 1 January 2011	\$275,748

Technical assistance: A summary of international technical assistance during the quarter can be found in **Table 4** on the final page of this document.

VIII. PLANNED ACTIVITIES, JANUARY—MARCH 2011

Support to National Level Government

HRH (BMAF)

- Facilitate the MOHSW in reviewing the 1999 staffing level guideline (staffing norms) including the preliminary planning and review of the initial work undertaken by the MOHSW and technical working group for developing the levels.
- Conduct one policy table discussion with key technical officers of MOHSW, MOFEA, POPSM, and PMORALG to discuss and deliberate on HRH issues.
- Disseminate HRH news periodically to increase public awareness support towards the national HRH agenda
- Facilitate discussion within MOHSW directorates and between ministries on various HRH issues.
- Plan for development of an HRH package to be a reference document for district and regional planning
- Support ZHRC to advertise and scrutinize of the approved post in the Fy 2010/11 for health workers to districts and regional hospitals

HRIS (IntraHealth)

- Continue to advocate for PO-PSM-led inter-ministerial discussions on integrating and harmonizing efforts for implementation of a comprehensive and functional HRIS, ongoing
- Work with PMO-RALG to plan and deploy HRIS in 12 LGAs
- Working with other HR systems such as HRHIS, DHIS, and POPSM's HCMIS to know where they are deployed and how to harmonize for LGA usage.
- Through UDSM, adapt HRIS to replace the current POPSM's HCMIS feeder system deployed PMO-RALG LGAs. This activity depends upon letter of request for support from POPSM and THRP conversations to determine appropriateness, funding, and linkages with other donors.
- Coordinate with CSSC to deploy HRIS in 6 APHTA zones and at BAKWATA headquarters.
- Follow up on Zanzibar HRIS Central and District level HRIS utilization

District HRH Strengthening and Development

BMAF

- Conduct at least one knowledge sharing forum with the key stakeholders at districts and regional levels.
- Review the Government sponsorship policy for pre-service training among health workers(of all cadres)
- Visit Lake Zone to collect data for the work on assessment of structural, system and operational, linkages of the three Zonal resource centre (under MOHSW) with a purpose of establishing a sustainable system of increasing the supply of the health workforce through sound systems, effective networking and awareness creation to the training institutions, students and surrounding labor market.
- Conduct advocacy events through health professional associations to potential candidates to encourage interest in the health professions to build the supply of potential health workers from secondary schools, pre service education and the labor market in general
- Conduct sensitization and awareness meeting on THRP to 36 new districts of the 5 regions (Ruvuma, Shinyanga, Mara,Kagera and Mwanza)
- Provide coaching and mentoring through field visits to the 20 district authorities trained in previous quarter

- Finalize three operational assessment ((OPRAS, recruitment Bottleneck study & orientation in health sector)
- Develop policy and district briefs to be shared during the knowledge sharing forums and during district strengthening trainings
- Preliminary planning of the job fair through Tanzania HR society, Professional association(MEWATA) and other representatives for technical inputs on the Job fair activity

AKN (AKHS and AKU)

- Conduct post-training follow up to health facilities of nurses who attended CEP
- Develop second year curriculum for CEP for nurses training
- Upgrade the Iringa training center for CEP for nurses with additional IT equipments
- Conduct in service training of nurses in Iringa
- Conduct monthly face to face sessions for student in the training for upgrading enrolled nurses to become registered nurses
- Conduct end and final semester examinations for the students in the training for upgrading enrolled nurses to registered nurses
- Recruit and screen applications for new students for the next cohort to be upgraded from enrolled nurses too registered nurses

Establishing a Functional Comprehensive Human Resource Information System

CSSC

- Conduct quarterly project committee meeting
- Host CSSC iHRIS site to the domain name
- Conduct assessment to APHFTA & BAKWATA
- Customize HRIS system for BAKWATA & APHFTA
- Install HRIS system to BAKWATA & APHFTA
- Follow up on the implementation and utilization of disseminated policy and guidelines to 15 hospitals from all five zones
- Train HMT on human resource management skills
- Train BAKWATA, APHFTA & CSSC on human resource management skills to support institutions
- Conduct field visit at a selected one zone for HRIS utilization.
- Train BAKWATA & APHFTA on HRIS system application
- Train focal persons from 15 hospitals on iHRIS application

UDSM

- Install HRIS in additional LGAs proposed for year 2
- Translate Translation to Kiswahili – HR Glossary Development
- HRIS Software Development – Reports Configuration, Indicators Configuration, Baseline Data Configuration
- Package and test HRIS software system
- Review HRIS software system documentation
- Advocate for utilization HRIS software System at national and district levels
- Conduct HR systems needs Assessment for Professional Councils
- Support HRIS implementation for APHTA & BAKWATA and Zanzibar
- Conduct M&E basic training for UDSM Team Members

- Supervise implementation of HRIS phase II

Developing a Cadre of Para-Social Workers (MVC Program)

- Introduce LGAs in Iringa Region to MVC program and identify potential PSW candidates
- Conduct PSW follow up training in Mwanza region
- Follow up and support the region and district MVC advocacy teams and PSW Networks in Dodoma.
- Conduct follow up visits in Dodoma assess progress of PSW in providing services to MVC
- Conduct a baseline survey in Iringa prior to MVC intervention
- Conduct PSW initial training in Iringa
- Produce IEC materials (1000 calendar) showing PSW program activities
- Conduct Para-Social Workers Network meeting in Dodoma for strategic planning

Monitoring and Evaluation

- Finalize project Performance Monitoring Plan
- Orient PSW and PSW supervisors in Dodoma on the revised data collection tools
- Conduct a follow up visit to assess progress in HRIS implementation and utilization in Zanzibar and district level.
- Ongoing M&E technical support to partners including review assessment planning documents and reports
- Develop project quarterly progress report

Capacity building

- Conduct Gender training for THRP partners
- Support organizational development consultant to BMAF
- Support next stage of BMAF staff rationalization project

Program Management

- Revise Annual Workplan taking USAID comments received at end of previous quarter into consideration
- Confirm USAID modification and monies into IH Letter of Credit for FY10 project funds
- Project briefing, specific to District strengthening approach and BMAF to revise Year 2 workplan as necessary
- Recruit and screen for three senior staff positions: HRIS Advisor (in close collaboration with PMO-RALG); MVC Program Manager (in close collaboration with PMO-RALG and MOHSW); and MVC M&E Officer.
- Renew subagreements with all partners through September 30 2011 once USAID incremental funding received; entails that all partners review and revise Year 2 workplan and budgets

MVC Success stories

Supporting MVC through Collaboration with the MVCC COMMITTEE, UNICEF, NGOs and Community Members

Esther Mafwimbo, PSW in Kirumba ward Mwanza in collaboration with MVCC committee and UNICEF have opened an account to support MVCs in Ibanda Juu Street. The household contributes 200Tsh every month and UNICEF contributes 150,000Tsh after every six months. They use the funds to provide educational support to MVC in their street. 5 MVC are receiving school fees for secondary education using the funds contributed by community members and UNICEF.

Furthermore, Esther Mafwimbo linked 5 MVC to Mwanza Municipal for primary education school fees support. The MVC are now receiving free education. The PSW worker receives very good collaboration from her supervisor and ward leaders.



Majority of PSW receive strong collaboration from ward/village leader. All The ward and village leaders visited said they recognizes PSW work and have introduced PSW to community members through community meetings.

Thank you very much for training Mr. Mabele Sabuni on how to support for MVC. I had a very huge problem of identifying MVCs at Nyamanoro Street but Mr Mabele have helped us a lot with MVC identification. I never distribute food or any support for MVC in my district I receive from NGOs without involving Mabele. I request your organization to enable PSW develop groups of PSW in order to reach more MVC with services.

Mzee mabalaga, MEO, Kiloleni shuleni, Nyamanoro

Table 4: International Technical Assistance, October—December 2010

Visitor IntraHealth Staff (<i>unless otherwise indicated</i>)	Dates of Travel	Source of funding	Abbreviated Purpose of Visit	Focal Partner Organization/s for Visitor Support
Katia Peterson M&E Advisor	18 Oct—12 Nov	THRP	Working closely with M&E field staff to review study protocols, draft assessments and reports; build capacity in M&E of THRP partners and provide technical advice to MVC program staff during field site visits in Mwanza region.	BMAF, CSSC, AKF, UDSM/CSD, IntraHealth (MVC)
Prosper Msuya Program Manager, MVC Helen Macha Assistant Director, LGA PMO-RALG	15—19 Nov	THRP	To present and participate, as members of the Tanzanian delegation, at the PEPFAR Strengthening Social Welfare Workforce conference in Capetown, SA	PMO-RALG, MOHSW/DSW, ISW, UNICEF,
Sritaka Negus Associates	27 Oct—7 Nov	THRP	To conduct an internal audit and report findings to IntraHealth CFO for contribution to external audit	IntraHealth finance and administration staff
William Kiarie MSH Consultant, HRH Specialist	22—26 Nov	THRP	To co-facilitate a 5-day district HRM strengthening training for groups from Iringa, Lindi and Mtwara.	BMAF
Michelle Matthewson Contracts and Grants Manager Uche Ekenna Senior Program Manager	24 Nov – 3 Dec	THRP	Conduct management reviews with four local organizations at completion of first year of subagreement with IntraHealth	BMAF, CSSC, AKF, UDSD/CSD
Mayur Patel IntraHealth Consultant, Organizational Development Specialist	1-16 Dec	THRP	Conduct a comprehensive organizational capacity assessment of the Mkapa Foundation	BMAF

